

# Louisiana State Board of Medical Examiners

P. O. Box 30250, New Orleans, LA 70190-0250

Telephone: (504) 568-6820



## **Notice to Terminate Supervision for a Physician Assistant**

Name of supervising physician: \_\_\_\_\_ License #: \_\_\_\_\_

If group practice, name of group: \_\_\_\_\_

Business address: \_\_\_\_\_

Telephone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Specialty: \_\_\_\_\_

\_\_\_\_\_  
Supervising Physician Signature

\_\_\_\_\_  
Date

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Name of physician assistant: \_\_\_\_\_ License #: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

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Reason for termination: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date of termination: \_\_\_\_\_